

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Matthew J McKenzie MD

Mailing Address 810 E 23rd St

City

Sioux Falls

State

SD

Zip Code

57105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Institute of Wisconsin

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		2	1		2	0	1	5		

Transaction ID : 7065619

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Peter A Looby MD

Mailing Address 810 E 23rd St Ste 5000

City

Sioux Falls

State

SD

Zip Code

57105-2132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		2	1		2	0	1	5		

Transaction ID : 7065620

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Michael W Cantrell MD

Mailing Address 2303 Covemont Dr SE

City

Huntsville

State

AL

Zip Code

35801

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		2	2		2	0	1	5		

Transaction ID : 7065681

Amount of Each Receipt this Period

900.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2650.00